

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
1	1							
2								
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42	1							
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45	1							
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49								
50								
TOTAL IND.	0							
TOTAL DEP.	69							
TOTAL CLAIMS	75							
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

75/6